PHILIP MORRIS

Thank you for your interest in our brand promotions. From time to time Philip Morris mails special, unadvertised gift offers, coupons and free cigarettes to selected smokers, 21 or older, on our Preferred Smokers mailing list.

If you'd like to be considered for offers in the future, take a moment to complete the survey below so we can better match offers to your smoking preferences. Then sign where indicated, fill in your birth date and mail the bottom portion.

The sooner we hear from you, the sooner you could be included in upcoming offers.

Philip Morris U.S.A.
Customer Service

Detach and mail bottom portion.

Yes, put me on the Preferred Smokers list.

Place outside address label here.
Print corrections only on lines below.

By responding to this survey and signing below, I certify I am a smoker 21 years of age or older. I am also willing to receive free cigarettes and branded incentive items in the mail subject to applicable state and federal law.

X _____ _____
Signature (required) Birth Date (required)

Take a moment to tell us about your smoking preferences.

1. What is your regular brand of cigarettes-that is, the brand you smoke most often?
brand _____

2. Is your regular brand...? (Check one.)
☐ Regular/King Size ☐ 100's ☐ 120's

3. Is your regular brand...? (Check one.)
☐ Menthol ☐ Non-Menthol

4. Is your regular brand...? (Check one.)
☐ Filter ☐ Non-Filter

5. Is your regular brand...? (Check one.)
☐ Lowest/1 mg Tar ☐ Ultra/Extra Low Tar
☐ Light/Mild ☐ Medium ☐ Full Flavor

6. Do you usually buy it by the...? (Check one.)
☐ Pack ☐ Carton ☐ Both Ways

7. How long have you smoked this brand?
☐ Less than 1 year ☐ 1 to 2 years
☐ 2 to 3 years ☐ 3 to 5 years ☐ Over 5 yrs.

8. What, if any, was your previous brand?
brand _____

9. The next time you go to the store, if your regular brand were not available, what would you do? (Check one.)
☐ Go to another store to buy my regular brand.
☐ Buy another type or length of my regular brand.
☐ Wait until the store has my regular brand.
☐ Buy a different brand entirely.

10. Which of the following statements best describes the way you use cigarette coupons? (Check one.)
☐ I use almost any cigarette coupon I get.
☐ I occasionally use coupons for cigarettes, even if they are not for my regular brand.
☐ I only use coupons if they are for my regular brand.
☐ I never use coupons to buy cigarettes.

11. If your regular brand were not available, which of the following brands would you consider buying? (Check all that apply.)

☐ Alpine	☐ GPC	☐ Pyramid
☐ Basic	☐ Kent	☐ Raleigh Extra
☐ Benson & Hedges	☐ Kool	☐ Salem
	☐ Magna	☐ Sterling
☐ Best Buy	☐ Marlboro	☐ Store Brand/ Generic
☐ Best Value	☐ Merit	
☐ Bristol	☐ Misty	☐ Superslims
☐ Bucks	☐ Monarch	☐ True
☐ Cambridge	☐ Montclair	☐ Vantage
☐ Camel	☐ More	☐ Viceroy
☐ Capri	☐ Newport	☐ Virginia Slims
☐ Carlton	☐ Now	
☐ Doral	☐ Parliament	☐ Winston
☐ None	☐ Other _____ (brand)	

Mention here to mail before mailing

12. Please list all the brands of cigarettes you smoked at least one pack of in the past two weeks. How many packs did you smoke of each brand? (Use as many lines as you need. Write in exact number of packs for each brand below. Note: 1 carton = 10 packs.)

Brand Name	# of Packs

13. Where do you usually buy your cigarettes? (Check one.)
☐ Supermarket Chain
☐ Neighborhood Grocery
☐ Convenience/Gas
☐ Drug Store/Pharmacy
☐ Discount Store

14. How often do you use special in-store cigarette offers, such as a free gift with purchase, a 2-for-1, or special prices?

	Usually	Sometimes	Rarely
I look for special offers for my **regular brand...**	☐	☐	☐
I take advantage of special offers for **brands other than my regular brand...**	☐	☐	☐

15. Which of the following best describes you? (Check one.)
☐ White ☐ African American ☐ Hispanic
☐ Asian ☐ American Indian
☐ Other _____

16. Are there other smokers in your household 21 years of age or older? Please print full names, birth dates and regular brands.

First Name M.I. Last Name
Birth Date Regular Brand
First Name M.I. Last Name
Birth Date Regular Brand

17. Do you have a friend, 21 years of age or older, who smokes and would like to receive free cigarettes and incentive items in the mail? Please print full name and phone number.

Name Phone Number

2061034155

20-1

Source: https://www.industrydocuments.ucsf.edu/docs/zxvv0004

2061034155